

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Uvaos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Petroleum Development Corporation Well API No. 30-005-21105

Address 9720 B Candelaria, NE Albuquerque, NM 87112

Reason(s) for Filing (Check proper box)

New Well Change in Transporter of: Other (Please explain)

Recompletion Oil Dry Gas

Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tom 36 State	Well No. 5	Pool Name, including Formation Tomahawk-San Andres	Kind of Lease State, Federal or Private State	Lease No. L5120
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Location

Unit Letter P : 660 Feet From The East Line and 660 Feet From The South Line

Section 36 Township 7S Range 31E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Petro-Source Partner, Ltd.	8790 Colfax Ave., Ste 230; Lakewood, CO 80215
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Trident, NGL	10200 Grogans Mill Rd., The Woodlands, TX 77380

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.
H	36	7-S	31E

In gas actually connected? When? 12/12/91

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	W-
<input checked="" type="checkbox"/>				

Date Spudded _____ Date Compl. Ready to Prod. _____

Elevations (DF, RKB, RI, GR, etc.) _____ Name of Producing Formation _____

Perforations _____

HOLE SIZE _____

OPER. OGRID NO. 17470

PROPERTY NO. 9246

POOL CODE 58469

EFF. DATE _____

API NO. _____

O-TRNSP. OGRID NO. 17407

G-TRNSP. OGRID NO. 23470

OIL POD NO. 2079110

GAS POD NO. 2079130

2079150 WAF PDD

Plug Back Same Res'v Diff Res'v

T.D. _____

Depth _____

g Shoe _____

CEMENT _____

(full 24 hours.) _____

Choke Size _____

Gas-MCP _____

Gas-MCP _____

Gravity of Condensate _____

Choke Size _____

Casing Pressure (Shut-In) _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Jim C. Johnson

Printed Name Jim C. Johnson Vice-President

Date June 2, 1994

Telephone No. 505-293-4044

OIL CONSERVATION DIVISION

Date Approved JUN 08 1994

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator well name.
- Submit this form to the Oil Conservation Division.